UNITED STATES SECURITIES AND EXCHANGE COMMISSION FIVE Washington, D.C. 20549

FORM D

OCT 3 1 2005

NOTICE OF SALE OF SECURPIES PURSUANT TO REGULATION D **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPNO

April 30, 2008

OMB Number

Estimated average burden

hours per response ... 16.00

Expires:

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Ethos Energy Schoolfield #3 Joint Venture Filing Under (Check box(es) that apply): Rule 505 Rule 506 Section 4(6) **⊠** ULOE M Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Ethos Energy Schoolfield #3 Joint Venture Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 740 Lexington Drive, Bldg. B, Plano, Texas 75075 (214) 291-3460 Telephone Number (Including Area Code)

Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same as above Same as above Brief Description of Business Drilling, owning and operating one hydrocarbon well

Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed Joint venture Year Month Actual or Estimated Date of Incorporation or Organization: 09 05 □ Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State.

CN for Canada; FN for other foreign jurisdiction)

X

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee. There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	A. BASIC IDEN	HEIGATION DATA		
2. Enter the information requested for the foll	owing:			
• Each promoter of the issuer, if the issu	er has been organized	within the past five years;		
 Each beneficial owner having the pow securities of the issuer; 	ver to vote or dispose,	or direct the vote or dispos	sition of, 10% or	more of a class of equity
Each executive officer and director of	corporate issuers and o	of corporate general and ma	anaging partners of	f partnership issuers; and
Each general and managing partner of	partnership issuers.			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Thiele, Jan				
Business or Residence Address (Number and S 528 Palm Ave., Los Altos, CA 94022	Street, City, State, Zip C	ode)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Brennan, Robert				
Business or Residence Address (Number and S 4985 Narragansett Ave., San Diego, CA S		ode)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Lambdin, Robert				
Business or Residence Address (Number and S 823 S. Newhaven Dr., Orange, CA 92869	Street, City, State, Zip C	ode)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Perez, Jesus and Kolber, Gregory				
Business or Residence Address (Number and S 1934 Farragut Way, San Jose, CA 95133	Street, City, State, Zip C	ode)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Phoolsawat, Keith				
Business or Residence Address (Number and S 1785 Ednamary Way#B, Mountain View,		ode)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Royston, Gregory T. and Yuko				
Business or Residence Address (Number and S 409 N. Pacific Coast Hwy, Ste. 608, Redo				
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Shields Marital Deduction Trust c/o Ervi	n Shields			
Business or Residence Address (Number and S 1732 Bryn Mawr Ave., Santa Monica, CA	Street, City, State, Zip C	ode)		

		A. BASIC IDEN	TIFICATION DATA	A Property Control	
2. Enter the information reque	sted for the fo	llowing:			
 Each promoter of the is 	ssuer, if the iss	suer has been organized	within the past five years;		
 Each beneficial owner securities of the issuer; 		wer to vote or dispose,	or direct the vote or dispos	sition of, 10% or	more of a class of equity
• Each executive officer	and director o	f corporate issuers and o	of corporate general and ma	inaging partners o	of partnership issuers; and
 Each general and mana 	ging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i Woo-Sam, John	ndividual)				
Business or Residence Address 48 Pembroke, Irvine, CA 92		Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if i Sitka, Robert	ndividual)				
Business or Residence Address 125 Maureen Dr., Bristol, C		Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if i Howard, Dennis	ndividual)				
Business or Residence Address 5870 Compass Ct., Cape C			ode)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if i SDMR, Inc. c/o Mr. Scott Re					
Business or Residence Address 9037 SW Leather Fern Way			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i Brooks, Charles and Barba					
Business or Residence Address 200 Flatcreek Tr., Fayettevi			ode)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if i Connor, P. Phillips	individual)				
Business or Residence Address 3750 N. Lake Shore Dr. #14			ode)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if i		nily Trust			
Business or Residence Address 5059 Darlene Dr., Gurnee,		Street, City, State, Zip C	ode)		

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2. Ent	ter the information re	quested for the fo	ollowing:			
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•	Each beneficial ow securities of the iss		ower to vote or dispose,	or direct the vote or dispo	osition of, 10% or	more of a class of equity
•	Each executive offi	icer and director of	of corporate issuers and o	of corporate general and m	anaging partners	of partnership issuers; and
•	Each general and m	nanaging partner	of partnership issuers.			
Check	k Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
	Name (Last name first as, Niel	, if individual)				
	ess or Residence Addr 7 Anderson Dr., So		d Street, City, State, Zip C	ode)		
Checl	k Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
	Name (Last name first m Ajlouny Trust	, if individual)				
	less or Residence Addi Hickory Pointe Dr.		d Street, City, State, Zip C	ode)		
Checl	k Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
	Name (Last name first lick, Darral and Lau					
	ess or Residence Add CR 16, Rothsay, M		d Street, City, State, Zip C	Code)		
Checl	k Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
	Name (Last name first ens, John and Don					
	less or Residence Add Birchwood Dr., Na		d Street, City, State, Zip C 56	Code)		
Checl	k Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
	Name (Last name first kos, John	, if individual)				
	ness or Residence Addr ondview Rd., Hollis		d Street, City, State, Zip C	Code)		
Chec	k Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
	Name (Last name first lawk, Inc. c/o Mr. T					
	ness or Residence Add N. Wooster Ave., I		d Street, City, State, Zip C 2	Code)		
Chec	k Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
	Name (Last name first ty Trust Company		Dwyer IRA			
Busir		ress (Number an	d Street, City, State, Zip C	Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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•	Each executive offi	cer and director of	of corporate issuers and c	of corporate general and ma	anaging partners o	of partnership issuers; and
•	Each general and m	anaging partner	of partnership issuers.			
Checl	Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
	Name (Last name first, druff, Lee	if individual)				
	ess or Residence Addr Meadowbright Ln.,		Street, City, State, Zip C 45230	ode)		
Checl	Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
	Name (Last name first, rican Global Invest		y Prakash			
	ess or Residence Addr N. Syracuse St., Po		Street, City, State, Zip C	ode)		
Checl	Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
	Name (Last name first, mbo, Michael and I					
	ess or Residence Addr Monroe Ave., Altoe		Street, City, State, Zip C	ode)		
Checl	R Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
	Name (Last name first, mbo, M. James and					
	ess or Residence Addr Ft. Roberdeau Ave		l Street, City, State, Zip C 16602	ode)		
Checl	R Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
	Name (Last name first	, if individual)		_		
	ess or Residence Addr E. Fulton St., Lanca		Street, City, State, Zip C	ode)		
Chec	k Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
	Name (Last name first. n, Fred	, if individual)				
	ess or Residence Addi Champagne Dr., A		l Street, City, State, Zip C	ode)		
Chec	k Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
	Name (Last name first pitt, Harold	, if individual)				
	ness or Residence Add		d Street, City, State, Zip C	ode)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

2 of 9 - CONTINUED - PAGE 3 OF 5 CONTINUATION PAGES

		A BACIÉ IDEN	TIFICATION DATA		
2. Enter the information re-			MUCATION DATA		
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securities of the issu		ower to vote or dispose,	or direct the vote or dispo	sition of, 10% or	more of a class of equity
 Each executive offi 	cer and director of	of corporate issuers and o	of corporate general and ma	anaging partners of	of partnership issuers; and
 Each general and m 	anaging partner	of partnership issuers.			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Bullock, Jon	if individual)				
Business or Residence Addr 5808 Bettinger, Colleyvi		Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Daily, Tracy	, if individual)				
Business or Residence Addr 2706 Redbud, Kilgore, T		Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Dooley, Patrick	, if individual)				
Business or Residence Addr 7235 Dogwood Creek, D			ode)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Gibbons, Raymond	, if individual)				
Business or Residence Addr 3012 Tex. Blvd., Ft. Wor		Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Gonzalez, Daniel	, if individual)				
Business or Residence Addr 1301 Custer Rd. Ste. 25			ode)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first Hedgpeth, Jay	, if individual)				
Business or Residence Addr 513 S. Drake, Perryton,		d Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first Russell, Jr., Clyde	, if individual)				
Business or Residence Adda 4300 Compton Cir., Bell		d Street, City, State, Zip C	Code)		

	25-15-4 S	A. BASIC IDEN	DIFICATION DATA		
2. Enter the information req	uested for the fo	ollowing:			
Each promoter of the	e issuer, if the is	suer has been organized	within the past five years;		
 Each beneficial own securities of the issu 		ower to vote or dispose,	or direct the vote or dispo	sition of, 10% or	more of a class of equity
Each executive office	er and director of	of corporate issuers and o	of corporate general and ma	anaging partners o	of partnership issuers; and
Each general and ma	anaging partner o	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, Sammons, Ellis and Den					
Business or Residence Addre 623 Chandon Ct., Southl		Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Aguilar, Luis	if individual)				
Business or Residence Addre 4704 Barrel Point Rd., Pr			ode)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Harris, Ronald	if individual)				
Business or Residence Addre 6246 Bootleggers Rd., M			ode)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Chachulski, Paul	if individual)				
Business or Residence Addre 2010 23 rd St., Everett, W	ess (Number and A 98201	d Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Norsen, Robert	if individual)				
Business or Residence Addre 9616 Fauntleroy Way SW			ode)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	d Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?					В.	INFORMA	TION AB	OUT OF	FERING				
Answer also in Appendix, Column 2, if filling under ULOE. 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who see he or will be paid or given, directly or indirectly, any conmission or similar renumeration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer. If more than five (§ 1) persons to be listed are associated persons or agent of a broker or dealer. If more than five (§ 1) persons to be listed are associated persons. Full Name (Last name first, if individual) Texas Socurities Partners, Inc. Full Name (Last name first, if individual) Texas Socurities Partners, Inc. All States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	1. Has the	e issuer so	ld, or does	the issuer i	ntend to se	ll. to non-ac	credited in	vestors in	this offering	97		_	
2. What is the minimum investment that will be accepted from any individual?		• .5544. 56	, 01 4000						-	5, , , , , , , ,		·	
3. Does the offering permit joint ownership of a single unit?	2. What is	s the minir	num invest			• •		-				\$	
3. Does the offering permit joint ownership of a single unit?					,							Y ₁	es No
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer, you may set forth the information for that the (§) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Texas Securities Partners, Inc. Full Name (Last name first, if individual) Texas Securities Partners, Inc. Full Name (Last name first, if individual) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [VI] [VI] [VI] [VI] [VI] [VI] [VI] [VI	3. Does t	he offering	g permit jo	int ownersh	ip of a sing	le unit?	• • • • • • • •				• • • •	_	
Full Name (Last name tirst, it individual) Taxas Socurities Partners, inc. Business or Residence Address (Number and Street, City, State, Zip Code) 740 Lexington Drive, Bidg, B, Plano, Texas 75075 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [V [DE] [DC] [FL] [GA] [H] [ID] [MI] [MI] [MN] [MI] [MN] [MI] [MI] [MI] [MI] [MI] [MI] [MI] [MI	comm If a pe state o	ission or serson to be or states, li	similar rem e listed is a st the name	uneration for an associate of the bro	or solicitati d person o ker or deal	on of purch r agent of a er. If more	asers in con a broker or e than five	nnection v dealer reg (5) perso	vith sales of gistered with ons to be lis	securities the SEC	in the offer and / or wi	ing. th a	
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)							ip Code)						
(Check "All States" or check individual States)	Name of As	ssociated I	Broker or D	Dealer					· · · · · · · · · · · · · · · · · · ·				
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[L] √ [N] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] √ [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [R1] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [Al] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [II] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]	(Check	"All State	s" or check	individual	States)							. 🔲 All	States
[L] √ [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MN] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [III] [III	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT] √	[DE]	[DC]	[FL]	[GA] √	[HI]	[ID]
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Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Name of Associated Broker or Dealer	Full Name	(Last name	e first, if in	dividual)									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Business or	Residenc	e Address (Number an	d Street, C	ity, State, Z	ip Code)					_	
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Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
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States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Business or	r Residenc	e Address	(Number an	d Street, C	ity, State, Z	(ip Code						
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imti infi invi inhi inji inmi inyi inci indi iohi ioki ioki ipai						-						-	
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	[MT]	[NE]	[NV]	(NH)	[NJ] [TX]	[NM]	[NY] [VT]	[NC]	[ND] [WA]				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		ggregate ering Price	Amo	unt Already Sold
	Debt	\$	0	\$	0
	Equity	\$	0	\$	0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	0	_\$	0
	Partnership Interests	\$	0	\$	0
	Other (Specify <u>Units of Joint Venture Interest</u>)	\$	760,000	\$	760,000
	Total	\$	760,000	\$	760,000
	Answer also in appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors		Number nvestors 28	Doll	ggregate lar Amount Purchases 631,750
	Non-accredited Investors		12		128,250
	Total (for filings under Rule 504 only)		N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.			-	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Type of	Doll	lar Amount
	Type of offering		Security		Sold
	Rule 505	<u>N/A</u>		\$	N/A
	Regulation A	N/A			N/A
	Rule 504	N/A		\$	N/A
	Total	N/A			N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fee		\boxtimes	\$	0
	Printing and Engraving Costs		\boxtimes	\$	0
	Legal Fees		\boxtimes	\$	0
	Accounting Fees		\boxtimes	\$	0
	Engineering Fees		\boxtimes	\$	0
	Sales commissions (specify finders' fees separately)		\boxtimes	\$	114,000
	Other Expenses (identify) Filing fees		\boxtimes	\$	0
	Total		\boxtimes	\$	114,000

C. OFFERING PRICE NUM	MBER OF INVESTORS, EXPENSES AN	DUSI	OF	PROCEED	S	100	
b. Enter the difference between the aggregate Question 1 and total expenses furnished in response the "adjusted gross proceeds to the issuer."	e offering price given in response to Pa onse to Part C - Question 4.a. This difference	rt C -				\$	646,000
. Indicate below the amount of the adjusted gross p for each of the purposes shown. If the amount for and check the box to the left of the estimate, adjusted gross proceeds to the issuer set forth in r	or any purpose is not known, furnish an es The total of the payments listed must equ	stimate					
			O Dir	rments to efficers, ectors, & ffiliates		_	ments To
Salaries and fees		\boxtimes	\$	25,600	\boxtimes	\$	
Purchase of real estate		\boxtimes	\$		\boxtimes	\$	
Purchase, rental or leasing and installation of ma	achinery and equipment	\boxtimes	\$		\boxtimes	\$	
Construction or leasing of plant buildings and fa	cilities	\boxtimes	\$		\boxtimes	\$	
Acquisition of other businesses (including the va offering that may be used in exchange for the as pursuant to a merger)	sets or securities of another issuer	×	\$		⊠	\$	
Repayment of indebtedness					\boxtimes	\$	
Working capital		\boxtimes	\$			\$	
Other (specify): Lease Acquisition and S	eismic Interpretation	\boxtimes	\$	52,500	\boxtimes	\$	
Drilling, Testing and Completing Venture	Well	☒	\$	567,900	⊠	\$	
Column Totals		\boxtimes	\$	646,000	\boxtimes	\$	
Total Payments Listed (column totals added).				⊠ \$ <u>64</u>	6,00	0	
	D. FEDERAL SIGNATURE						
The issuer has duly caused this notice to be signed ollowing signature constitutes an undertaking by the of its staff, the information furnished by the issuer to	issuer to furnish to the U.S. Securities and	Excha	nge C	Commission.	upo	ler Ru n wri	le 505, the
ssuer (Print or Type)	Signature	2		Date			
Ethos Energy Schoolfield #3 Joint Venture	2 De Co			10/28/200:	5		
Name of Signer (Print or Type)	Title of Signer (Print or Type)						
W. Austin Allen	Counsel						

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)